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Behavioral Health Reform: Lessons Learned in Southeast Nebraska

Region V Systems

Promoting Comprehensive Partnerships in Behavioral Health

Covering Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe,
Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York
counties in Nebraska

Oversight Commission – August 11 2008

- Behavioral Health Reform:
Lessons Learned in Southeast Nebraska

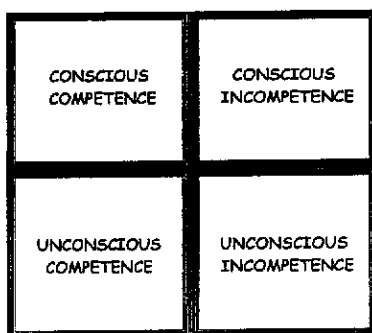
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- Any working system generates data, but until employees, consumers, and other stakeholders within that system can gain knowledge for action from that data, the learning aspects of that system are dysfunctional.



Thin-Slicing

- ✓ Thin-slicing is the process of identifying the key elements in an system, agency, program or CQI team that are the most critical to monitor. These elements may be those of exposure, risk, process, or performance. Rarely, would these constitute more than 10 key elements.

General Function of ER System of Care

- ✓ To organize, coordinate, and evaluate the regional behavioral health emergency services system.
- ✓ To bring together key stakeholders to address ongoing gaps and increase system outcomes.
- ✓ Monthly Emergency Level of Care Meetings which includes a variety of stakeholders.

Region V's Emergency System

Stakeholders	Services/ Activities	Outputs*	Outcomes	Impact
Consumers	Coordination-Regional Emergency Program	5,475 Crisis Center Bed Days	Consumers will return to or exceed pre-crisis functioning.	Reduce EPC's
Providers	Crisis Assessment	11,870 Acute Care Bed Days		Reduce Mental Health Board Commitments (MHS)
Region V Systems	Evaluation			
Short-Term Respite		1,085 EPCs		Reduce Post-Commitment Days
MHS	Scout Deck	231 Inpatient Commitments		
Mental Health Boards	EPC (voluntary)			Reduce Average Length of Stay at Crisis Center
	EPC (voluntary)	1,480 Short-Term Respite Bed Days		
Law Enforcement	Post-Commitment Treatment Days	208 Short-Term Respite Admissions		Reduce Recidivism in ER System
Hospitals	TASC Program			
LRC	Acute/Sub-Acute	* Represents current capacity not actual usage		

Ongoing Analysis of Emergency System

	01-02	02-03	03-04	04-05	05-06	06-07	07-08
Admissions	744	834	798	854	789	649	677
Different Persons	637	691	681	714	672	550	598
Repeat	107	143	117	140	117	99	78
Bed Days	4982	4794	4310	3801	4493	4799	4434
ALSO	7	6	5	4	6	7	6.55
Dually Diagnosed	50%	54%	54%	55%	52%	58%	53%
Mental Illness	42%	40%	40%	38%	42%	37%	38%
Substance Abuse Only	8%	8%	5%	5%	8%	5%	7%
MKB Hearings	48%	45%	42%	38%	35%	43%	41%
Inpatient Commitment	21%	22%	22%	17%	16%	14%	12%
Outpatient Commitment	23%	21%	18%	19%	16%	25%	21%

07-08 are projected numbers based on data through April 2008

Ongoing Analysis of Emergency System

	01-02	02-03	03-04	04-05	05-06	06-07	07-08
Post Commitment Days (Total)	1012	1101	498	293	1079	1810	713
Inpatient (ALOS 8.3: 8% Decrease)	No Data	836	432	216	1033	1509	852
Outpatient (ALOS 42: 38% Decrease)	No Data	265	66	77	46	101	61

Inappropriate Admissions	01-02	02-03	03-04	04-05	05-06	06-07	07-08
OO with Mental Illness	No Data	No Data	12	16			
MR without Mental Illness	No Data	No Data	8	18	12	9	7
Sex Offender	No Data	No Data	15	6	10	5	1

Good News (FY 07 – 08 Projections)

- ✓ 51% Decrease in Rural EPCs from 03-04 and 10% decrease from 06-07.
- ✓ 8% Decrease in Crisis Center Bed Days
- ✓ Increase in 2 Open Crisis Center Beds/Day
- ✓ Decrease in Repeat Admissions
- ✓ 55% Decrease in Inpatient Post-Commitment Days
- ✓ 50% Decrease in Inpatient Commitments since 04-05

Region V Reform Plan- New and Expanded Services

PIER

- ✓ Operational
- ✓ Providers: The Community Mental Health Center (CMHC) of Lancaster County, Lutheran Family Services, and CenterPointe.

Halfway House

- ✓ Operational
- ✓ Provider: Houses of Hope

Therapeutic Community

- ✓ Operational
- ✓ Provider: St. Monica's

Community Support, MH

- ✓ Operational
- ✓ Provider: CMHC Community Support, SA
- ✓ Provider: CenterPointe

Dual Residential

- ✓ Operational
- ✓ Provider: CenterPointe

Emergency Community Support

- ✓ Operational
- ✓ Providers: Blue Valley Mental Health Center, Lutheran Family Services, and Houses of Hope

Crisis Response Teams

- ✓ Operational
- ✓ Providers: Blue Valley Mental Health Center, Lutheran Family Services, and Houses of Hope

Short Term Residential

- ✓ Operational
- ✓ Provider: Cornhusker Place, Touchstone

Services/Activities

- ✓ Crisis Assessment & Evaluation

- ✓ Short-Term Respite

- ✓ Social Detoxification

- ✓ Civil Protective Custody (CPC)

- ✓ Post-Commitment Treatment Days

- ✓ Targeted Adult Service Coordination (TASC) Program

- ✓ Regional Center Transition/Discharge Planning

Behavioral Health Reform Services

Targeted Adult Service Coordination Program

- The TASC Program

- ✓ Crisis Response Teams
- ✓ Case Management
 - Emergency Community Support
 - Blended Intensive Case Management
 - Bilingual/Bicultural Coordinator

- Crisis Response Teams (CRT)

- ✓ Direct response to LB 1083
- ✓ Mental health professionals are available at the request of law enforcement
- ✓ Provides 24-hours, 7 days a week access for law enforcement
- ✓ Significantly decreased hospitalizations
- ✓ Assist in coordination and integration between providers

- Outcomes

- ✓ Decreased rates of acute hospitalization for individuals
- ✓ Reduced recidivism for arrest and use of emergency mental health services
- ✓ Community confidence in police response to psychiatric crisis

Enacting CRT

1. An officer calls the law enforcement crisis line.
2. The crisis line connects the officer to the therapist on-call for immediate access.
3. The therapist consults with the officer regarding the identified individual.
4. The therapist goes to the scene.
5. Upon consulting with the officer and the individual, a crisis plan and recommendations are developed.
6. An Emergency Community Support Worker follows up with the individual.

Case Management

- Emergency Community Support
- Intensive Case Management
- Bilingual/Bicultural Coordinator

Partners In Empowerment & Recovery

- ✓ PIER is a program based on the national ACT (Assertive Community Treatment) model.
- ✓ An intensive community-based program working with severe and persistent mentally ill consumers of Lancaster County.
- ✓ A collaboration of CenterPointe, Lutheran Family Services, and the Community Mental Health Center of Lancaster County.

• **Rental Assistance Program**

- ✓ Housing related assistance for very low income adults with serious mental illness
- ✓ All rental assistance funds will be used to serve as a "bridge" to other housing alternatives such as self support or other affordable housing options such as HUD's Section 8

• **Short-Term Respite**

Goal:

- Provide Region V Systems a system of care as a means to stabilize individuals in crisis so they may return to the referring agency.
- Assist the Crisis Center with post-committals pending placement.
- Provide an avenue for individuals in crisis who are on the approved list by Region V Systems, to self-refer, avoiding a higher level of care.

• **Consumer/Family Coalition**

Mission Statement

To promote the interests of behavioral health consumers and families, including, but not limited to, ensuring their involvement in all aspects of governance, service design, planning, implementation, provision, education, evaluation, and research.

- **Consumer/Family Coalition**

- ✓ Created November 2005
- ✓ Meets Monthly on 2nd Tuesday
- ✓ Membership includes consumers, family members, Office of Consumer Affairs, and representative from consumer advocacy organizations

- **Supported Employment**

- ✓ H.O.P.E. – Higher Opportunities through the Power of Employment
- ✓ Operated by the Mental Health Association of Nebraska – A Consumer Run Organization
- ✓ A well-defined approach to helping people with behavioral health disorders find and keep competitive employment within their communities

- **Supported Employment**

- ✓ Eligibility is based on consumer choice
- ✓ Is integrated with treatment
- ✓ Competitive employment is the goal
- ✓ Job search starts soon after a consumer expresses interest in working
- ✓ Follow-along supports are continuous
- ✓ Consumer preferences are important

New Funding – LB 959

FUNDING	FY 2008 New Revenue	FY 2008 Avail. Funds
One-Time Funding	2,843,100	2,843,100
Continuation funding	1,036,061	-
Continuation funding	250,000	-
Emergency Services	121,500	121,500
TOTAL	4,250,661	2,964,600

Capacity Increase in Units

SERVICE	Unit Descrip- tion	SVC RATE	July 1, 2007 Contracts	\$250,000 Allocation	\$1,036,061 Allocation	TOTAL ADJUST.	TOTAL CONTRIBUTION
Assessments - Childre MH		\$ 127,155			\$ 10,837	\$ 10,837	\$ 148,432
Community Support MH	Months	285.87	3,129	150	66	235	3,345
Day Rehab MH	Days	51.31	2,566	520	61	581	3,087
Day Treatment MH	Days	185.47	139	60	133	193	337
Med Management MH	25 Hours	35.86	4,472	338	79	417	4,889
Outpatient - Adult MH	IFIG	\$ 756,050	\$ 11,612	\$ 64,571	\$ 108,213	\$ 182,784	\$ 862,296
Outpatient - Children MH	IFIG	\$ 405,580	\$ -	\$ 3,715	\$ 3,715	\$ 409,295	
Assessments - Adult MH		\$ 187,686	\$ 2,322	\$ -	\$ 2,322	\$ 189,998	
Intermediate Res MH	Days	144.60	3,055	137	-	137	3,191
Intensive CP - Adult MH	Hours	25.80	6,880	261	423	684	7,564
Outpatient - Adult MH	IFIG	\$ 412,011	\$ 7,836	\$ 32,145	\$ 39,981	\$ 452,782	
Outpatient - Children MH	IFIG	\$ 141,870	-	\$ 19,846	\$ 19,846	\$ 161,716	
Short Term Res MH	Days	174.91	1,910	329	767	1,092	2,942
Tenri Community MH	Days	126.44	2,912	95	653	751	3,653
TR - Halfway House MH	Days	59.45	8,831	337	-	337	9,168
Voucher Program	NA	NA	NA	NA	NA	NA	NA
Consumer Voice	NA	NA	NA	NA	NA	NA	NA

FY 2008 Funding Allocations

SERVICE	July 1, 2007 Contracts	\$250,000 Allocation	\$1,036,061 Allocation	TOTAL ADJUST.	TOTAL CONTRIBUTION
Assessments - Childre MH	127,168	-	10,837	10,837	148,432
Community Support MH	822,673	39,824	22,744	82,566	894,593
Day Rehab	126,858	29,870	3,142	29,812	169,378
Day Treatment	26,826	11,126	26,824	36,749	61,815
Med Management	164,830	12,496	2,820	15,365	180,213
Outpatient - Adult MH	786,053	11,542	84,571	106,213	862,296
Outpatient - Children MH	406,680	-	3,715	3,715	409,295
Assessments - Adult MH	197,689	2,322	-	2,322	199,999
Intermediate Res	441,740	16,854	-	16,854	458,594

FY 2008 Funding Allocations (Continued)

SERVICE	July 1, 2007 Contracts	\$250,000 Allocation	\$1,036,061 Allocation	TOTAL ADJUST.	TOTAL CONTIN- UATION
OP - Adult	SA	178,844	8,703	10,847	174,394
Outpatient - Adult	SA	412,811	7,838	32,145	452,792
Outpatient - Children	SA	141,070	-	10,566	151,736
Short Term Res	SA	1,335,548	\$5,861	123,899	1,465,308
Thera. Community	SA	376,360	12,567	84,507	473,434
TR - Halfway House	SA	825,261	20,041	-	845,302
Voucher Program	NA	NA	NA	611,836	611,836
Consumer Voice/Recovery	NA	10,347	25,600	100,600	136,547
TOTAL		6,106,507	296,600	1,036,061	7,439,665

Estimated Increase in Number of People Served

SERVICE	July 1, 2007 Contracts	\$250,000 Allocation	\$1,036,061 Allocation	TOTAL ADJUST.	SERVICE TOTAL
Assessments - Children					
Community Support	956	45	26	72	1,029
Day Rehab	171	38	4	40	211
Day Treatment	1,334	\$75	1,272	1,647	3,181
Med Management	2,640	154	36	180	2,930
Outpatient - Adult					
Outpatient - Children					
Assessments - Adult					
Intermediate Res					
Intensive OP - Adult	317	12	19	32	349
Outpatient - Adult	1,968	20	83	104	1,172
Outpatient - Children					
Short Term Res	368	15	33	48	414
Thera. Community	112	4	25	29	142
TR - Halfway House	501	4	-	4	505
Voucher Program	NA	NA	NA	NA	NA
Consumer Voice/Recovery	NA	NA	NA	NA	NA
TOTAL	5568	866	1495	2385	8954

Region V Phase 4 Plan

- ✓ In November 1997, Region V submitted a preliminary proposal for new funding in response to a request from DHSS

- The proposal identified a number of system improvements
- Estimated use of continuation and one-time funds

- ✓ August 4, 2008 – 60 Community Stakeholders met to discuss One-time funding strategies and subsequent Continuation funding strategies

Phase 4 Recommendations Currently Funded

PROPOSAL	FUNDING
Peer Specialist Training	\$50,000
Intensive Outpatient – SA	\$17,550
Community Support – MH	\$62,566
IT/Provider Software (SNBHN)	\$454,175
Prof. Partner – Transition Age	\$121,500
Outpatient – Adult – MH/SA	\$146,194
Outpatient – Children – MH/SA	\$14,381
Trauma Training	\$50,000
TOTAL	\$916,366

Recovery Oriented System

RECOVERY ORIENTED SYSTEM OF CARE – A system that identifies and builds upon an individual's assets, strengths, and areas of health and competence to support achieving a sense of mastery over his/her condition while regaining a meaningful, constructive, sense of CARE membership in the broader community

ESSENTIAL COMPONENTS OF A RECOVERY ORIENTED SERVICE DELIVERY SYSTEM:

- Self-Direction
- Individualized and Person Centered
- Empowerment
- Holistic
- Non-Linear
- Strengths-Based
- Peer Support
- Respect
- Responsibility
- Hope

Region V Planning Guidelines for One-Time Funds

The Region V priorities for planning for the use of one-time funds are:

1. Focus on the five priority areas
 - A. Consumer involvement
 1. Policy and regulation development
 2. Program planning, including needs assessment, development and delivery
 3. Training and technical support
 4. Financial planning
 5. Complaints and grievances
 - B. Activities that prevent people from needing higher levels of care (emergency, inpatient, residential, etc.) (Primary intervention)
 - C. Activities that prevent relapse and promote recovery (Tertiary intervention)
 - D. Workforce Development
 - E. Infrastructure Development
2. Identify specific measurable outcomes
3. Programs and services that support Recovery